PROFIT CORPORATION ANNUAL REPORT

1999



T LORIDA DEPAREMENT OF STATE

Katherme Harris

Secretary of State

DIVISION OF CORPORATIONS

OCUMENT # P97000096834

CW DISTRIBUTORS, INC.

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90007 048 ***550.00

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mugai Plac	e of Business	Mading Address							
BEACON MANOR MYERS FL 33907		2036 BEACON MANOR FORT MYERS FL 33907				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/10/1997			
Principal F	Place of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	Ap	plied For	
		26				65-0793089		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & Stale	City & State			6. Election Campaign Financing \$5.00 May Be			
		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			8. This corporation owes the current year i		[=In]	
	25	29	30			Personal Property Fax.	☐ Yes	∐No	
	9. Name and Address of Cui	rent Registered Agent				10. Name and Address of New Registere	a Agent		
CIANO, PAUL				81	Name				
					Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
	6 BEACON MANOR								
FORT MYERS FL 33907				83					
			:	84	City		85 Zip C	Sode	
						F			
office or	to the provisions of Sections 607, registered agent, or both, in the St am familiar with, and accept the ob	ate of Flooda. Such change was a	utnorized	i by i	enamed corp the corporation	oration submits this statement for the purpose on's board of directors. Thereby accept the app	ointment as re	gistered	
CNATURE					····	a when reinstainn) DATE			
	Signature, typed or printed name of registered		: Repustaned	Vélesi	signature regulare	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO)RS IN 12	
	-D	AND DIRECTORS	1111			ADDITIONO IN TO COLO T	Change	Addition	
	1	ANO, PAUL		1 2 NAME			1=1		
-									
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-	}		2.2 NA						
F ADDRESS	#		N N		ADDRESS				
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ST-ZIP			14 CI	TY-ST	- 21P				
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6 I TIFLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 City-St-Zip

CNATURE:

tal Cian Preside

DELETE

Paul Ciano - Pres

119199

Addition

[_] Change